

Trinidad State Junior College Talent Release Form

Program: _____
Producer: _____
Date: _____

By agreeing to participation in this program, I consent to my voice and likeness being used in any or all media and release Trinidad State Junior College, the producer and TSJC-TV of any liability, royalty or claim of such usage.

I understand this program will be produced and recorded for distribution on cable television.

I understand this program will be used solely for non-profit purposes.

Are you 18 years or older? Y N (Circle one)

Name (Print) _____
Address: _____
City: _____ State _____ Zip _____

Signature _____ Date _____

(For Minors Only!)

As the parent and/or guardian of the minor signing this form, I agree to the rules set forth in this document.

Name (Print) _____
Address: _____
City: _____ State _____ Zip _____

Signature _____ Date _____